

Application for Agency Facilities



General Information

Full Trading Name:	<input type="text"/>		
Main Contact Name:	<input type="text"/>		
Sales Contact:	<input type="text"/>		
Accounts Contact:	<input type="text"/>		
Personal Lines Contact:	<input type="text"/>		
Business Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Telephone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Website Address:	<input type="text"/>	Email Address:	<input type="text"/>
Occupation / Nature of Business	<input type="text"/>		

Is the Company a:

Public Limited Company	<input type="checkbox"/>	Private Limited Company	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>
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If you are a Limited Company please indicate share capital

Authorised	<input type="text"/>	Issued	<input type="text"/>
Date Established or Registered	<input type="text"/>		

Company Registration Number:

If you are associated with a subsidiary of, or controlled by, any other company including any other firm of insurance brokers or intermediaries please give details of the relationship and any other material information.

How many employees including working directors?	<input type="text"/>
How many selling individuals are in the organisation?	<input type="text"/>
Organisation(s)/Network(s) currently registered with (i.e. BNL)?	<input type="text"/>

If you have been in business less than two years please state the following:

Name of previous employer:

Duration of employment:

Contact Individual:

Address:

Postcode:

Telephone Number: Fax Number:

Professional Indemnity Insurance

Do you currently hold Professional Indemnity Insurance?

YES

NO

If Yes – Name of Insurer:

Policy Number:

Renewal Date:

Limit of Indemnity: £

Policy Excess: £

Has any PI cover ever been cancelled, declined, renewal refused or accepted on special terms or with an increased premium?

YES

NO

If Yes please give full details

General Insurance Business Split - indicate business split by product category

BUSINESS TYPE	GROSS PREMIUM INCOME £	BUSINESS TYPE	GROSS PREMIUM INCOME £
Commercial Combined	<input type="text"/>	Commercial Vehicle/ Motor Fleet	<input type="text"/>
Commercial Package e.g. Office, Shops, etc	<input type="text"/>	Health / PMI	<input type="text"/>
Property Owners'	<input type="text"/>	Personal Accident	<input type="text"/>
Standalone Liability	<input type="text"/>	PI	<input type="text"/>
Contractors	<input type="text"/>	Personal Lines (Motor/Houshold)	<input type="text"/>
Motor Trade	<input type="text"/>	Other personal lines e.g. Pet, Travel, etc	<input type="text"/>
Farm Combined	<input type="text"/>	Other (Please specify)	<input type="text"/>
Farm Motor	<input type="text"/>		

Other General Business Information

Premium Income 2 years ago:

Last year:

Current:*

Brokerage Income 2 years ago:

Last year:

Current:*

*Estimate

Give the full names and addresses of two other insurance companies with which you currently have agency facilities and the dates from which they have operated and the approximate premium income with each of them

Name:

Contact Name:

Address:

Postcode:

Agency Number:

Premium Income:

Date:

Name:

Contact Name:

Address:

Postcode:

Agency Number:

Premium Income:

Date:

Please confirm on another sheet if required

Other Insurers - Please list top 4 agencies held and confirm details in spaces below.

Insurer	Main Business Type	Branch Location	Annual Premium Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Company	% of Total
If you hold any Lloyd's Guaranteeing facilities, who are they with?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
If you hold any wholesale or underwriting agencies, who are they with?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

If you hold any wholesale / underwriting agencies, do any of them offer you Risk Transfer? YES NO

Has the business ever had agency or collection facilities refused or withdrawn? If so, by whom and for what reasons.

YES

NO

If Yes please give full details

Personal Details of Directors or Principals

Director/Principals' Full name

Private Address:

Postcode:

Telephone Number:

Are you, as an individual, recognised by the FSA as an approved person, performing a controlled Function?

YES

NO

FSA Individual Reference Number (IRN) if applicable:

Relevant details of experience/
qualifications

Director/Principals' Full name

Private Address:

Postcode:

Telephone Number:

Are you personally registered with the IBRC?

YES

NO

Relevant details of experience/
qualifications

Has any Director, Partner, Proprietor or Manager, personally or by association had:

Any agency or agreement with any insurer refused or cancelled other than for reasons of lack of support, or any credit facility refused or cancelled?

YES

NO

Been subject to any disciplinary proceedings instituted by the FSA or other professional body?

YES

NO

Been convicted of any criminal offence (other than a minor motoring offence not regarded as spent under the Rehabilitation of Offenders Act 1974)?

YES

NO

Been subject to any County Court Judgment or order?

YES

NO

Been adjudged bankrupt, subject to receiving order, entered into an agreement with creditors or been involved with any business which has gone into liquidation or is any such matter pending?

YES

NO

If you have answered yes to any of the above questions please give details below

Professional Status

Is the business registered with the FSA?

YES

NO

What is the company FSA reference number.

Is the business a member of any professional organisations?

YES

NO

If Yes which ones (e.g. BIBA, IIB, CII Lloyds).

Has your application, registration or enrolment of any professional body ever been refused, declined withdrawn or cancelled?

YES

NO

If Yes, please state reasons.

In terms of the Consumer Credit Act, 1974, do you possess a Category C (Credit Brokerage) licence?

YES

NO

Credit Licence Number

Date of Expiry of Licence

If No do you intend applying for one?

YES

NO

Are you registered under the Data Protection Act?

YES

NO

If Yes, what is your registration number?

Bank and Referees

Give full name and address of your bankers.	Name:			
	Address:			
			Postcode:	
Give full name and address of your accountants /auditors.	Name:			
	Address:			
			Postcode:	

Bank Reference Authorisation

To:				Bank Plc
Address:				
			Postcode:	
I/We				
Address:				
			Postcode:	
Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sort Code: <input type="text"/>
Consent to your providing orally or in writing, a reference to UK General Insurance Ltd or their bankers as requested				
Signed:				Date: <input type="text"/>
Position				
For and on behalf of:				

Declaration

I/We* make application to be appointed to represent UK General Insurance Ltd/Rural Insurance Group Limited (as an agent) and hereby agree that UK General Insurance Ltd/Rural Insurance Group Limited may seek references and make any necessary enquiries to process this application.

I/We* agree that if this application is accepted the appointment shall be governed by the terms of UK General Insurance Ltd/Rural Insurance Group Limited Agency Agreement.

I/We* confirm that the information declared with this application is true and accurate and that any other relevant information has not been withheld. Any attempt to mislead or supply false information to UK General Insurance Ltd/Rural Insurance Group Limited will result in the application being rejected.

I/We* agree that UK General Insurance Ltd/Rural Insurance Group Limited may disclose information from this application in order to secure agency or insurance facilities on my behalf.

I/We* agree that any Agency granted by UK General Insurance Ltd/Rural Insurance Group Limited may be reviewed, revoked or suspended at the sole discretion of UK General Insurance Ltd/Rural Insurance Group Limited and its officers.

I/We* agree to be bound by the conditions set out in the UK General Insurance Ltd/Rural Insurance Group Limited Terms of Business Agreement.

* Delete as applicable

Name in BLOCK CAPITALS:

Position

Signature

Date:



Please return to:

Cast House, Old Mill Business Park, Gibraltar Island Road Leeds LS10 1RJ

T: 0844 557 4727 ■ F: 0113 272 9197 ■ E: enquiries@ukgeneral.co.uk